

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PLACE OF DEATH			Washington State Board of Health		Record No. 141
BUREAU OF VITAL STATISTICS			Certificate of Death		
County of <u>Snohomish</u>			Registered No. <u>25</u>		
City or Town of <u>Snohomish</u>					
Registration Dist. No. <u>7</u>			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME <u>Eva Libby</u>					
(a) Residence No. <u>Marion St.</u>			(Usual place of abode)		
(b) If non-resident, give city or town, and state					
(c) How long in Registration Dist. <u>6</u> yrs. <u>6</u> mos. <u>0</u> ds.			how long in U. S. if of foreign birth <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.		
Personal and Statistical Particulars			Medical Certificate of Death		
3. Sex <u>Female</u>	4. Color or Race <u>Indian</u>	5. Single, Married, Widowed or Divorced <u>Single</u>	16. Date of death <u>June 24</u> 192 <u>1</u>		
			(Month) (Day) (Year)		
6. (a) If married, widowed or divorced:			17. I HEREBY CERTIFY That I attended deceased		
Husband of _____			from <u>July 16</u> 192 <u>0</u> , to <u>June 24</u> 192 <u>1</u>		
or Wife of _____			that last saw her alive on <u>June 23</u> 192 <u>1</u>		
6. Date of birth <u>Aug 10</u> 19 <u>10</u>			and that death occurred on the date stated above, at <u>6:30 p.m.</u>		
(Month) (Day) (Year)			(State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).		
7. Age <u>10</u> yrs. <u>10</u> mos. <u>14</u> ds. <u>0</u> hrs. <u>0</u> min.			The CAUSE OF DEATH was as follows:		
8. Occupation of deceased:			READ DETAILS ON OTHER SIDE		
(a) Trade, profession, or particular kind of work <u>School</u>			(Primary) <u>Tuberculosis of the lungs.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)			(See 1 and 3 other side)		
(c) Name of employer			(Duration) <u>3</u> yrs. <u>0</u> mos. <u>0</u> ds.		
9. Birthplace (City or town) _____			CONTRIBUTORY <u>Tuberculous Peritonitis</u>		
(State or country)			(Secondary) (See 2 other side)		
10. Name of Father <u>William Libby</u>			(Duration) <u>3</u> yrs. <u>0</u> mos. <u>0</u> ds.		
11. Birthplace of Father <u>Washington</u>			18. Where was disease contracted if not at the place of death?		
12. Maiden name of Mother <u>Lizzie Linnain</u>			(a) Did an operation precede death? <u>No</u> Date of _____		
13. Birthplace of Mother <u>Wash</u>			(b) Was there an autopsy? _____		
			(c) What test confirmed diagnosis? _____		
			(Signed) <u>Spencer Purdy</u> M. D.		
14. Informant <u>Hospital records</u>			19. Place of Burial, Cremation or Removal <u>Monroe</u>		
Address <u>Snohomish, Wash.</u>			Date of Burial <u>June 26, 1921</u>		
15. Date <u>June 26, 1921</u> <u>Kimberly Shelton</u> Registrar			20. Undertaker <u>Purdy & Sons</u>		
			Address <u>Monroe Wash</u>		
I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions.					
(Insert numbers of unanswered questions)					
JUL 11 1921					
(Signature of Undertaker)					